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**CIRCULAR LETTER: DHCQ 01-06-412**

TO: LTCF Administrators

FROM: Paul I. Dreyer, Ph.D.  
Director

DATE: June 7, 2001

SUBJECT: Standing Orders in Long Term Care Facilities

The Division is issuing the attached policy on the use of standing orders. This policy has been developed in response to the Health Care Financing Administration/Center for Disease Control /Peer Review Organizations' Immunization Project and the Massachusetts Peer Review Organization and the Department of Public Health's Long Term Care Immunization Program. The goal of this program is to improve immunization rates in Long Term Care Facilities. To assist in that effort, the Division of Health Care Quality has developed parameters for "standing orders" to meet regulatory requirements and current standards of practice in Long Term Care Facilities.

If you have any questions about this policy, please contact Kathleen Coyle, Assistant Director, at 617-753-8106.

Massachusetts Department of Public Health

Division of Health Care Quality

POLICY: Standing Orders in Long Term Care Facilities

Long Term Care Facilities may develop Standing Orders as part of their institutional practices, subject to the following conditions:

- 1) The order must be part of the institution's policies and procedures. The policy statement must reference current standards and/or guidelines (e.g., ACIP recommendations for influenza vaccine). The accountability for development and implementation of the policy within the institution must be clearly stated.
- 2) The order for administration of medication, immunization or treatment must be signed by the facility Medical Director. Alternatively, attending physicians often include a "standing order" to administer a medication, immunization or treatment as part of admission orders, or annual renewal of orders (e.g., give Influenza Vaccine). This order, when written well in advance of the time the medication, immunization or treatment is administered, indicates the resident is medically cleared, and authorizes the administration.
- 3) Policies must include parameters for use, i.e., eligible individuals for whom the order is appropriate, and any restrictions or exclusions. As well, a screening procedure must be developed for use at the time of administration.
- 4) Policies and procedures must include requirements for documentation in the medical record, including transcription of the order, patient assessment and consent, documentation of administration.
- 5) Professional staff administering the medication, vaccine or treatment conduct an immediate assessment of the patient for medical contraindications, and document the results of the assessment in the medical record, in accordance with established policies.

